

STANDARDS FOR COVERAGE OF ORGAN TRANSPLANTS

Medical Assistance coverage of organ and tissue transplants is limited to the following:

- Procedures covered by the Medicare Program. These include cornea, heart, lung, heart-lung, liver, stem cell and kidney transplant procedures which meet diagnosis guidelines consistent with Medicare policy.
- Lung transplants using cadaveric donors, and lobar lung transplants using living donors. Lung transplants must be performed in a Minnesota facility which meets United Network of Organ Sharing (UNOS) criteria to perform that procedure.
- Heart-lung transplants for persons with primary pulmonary hypertension. Heart-lung transplants must be performed in a Minnesota facility which meets UNOS criteria to perform that procedure.
- Pancreas transplants for uremic diabetic recipients of kidney transplants and for hypoglycemic unawareness. Pancreas transplants must be performed in a Minnesota facility which meets UNOS criteria to perform that procedure.
- Stem cell transplants. Stem cell transplants must be performed in a Minnesota facility that is participating as a provider of services in the Medicare Program and that meets American Society of Hematology and Clinical Oncology criteria for stem cell transplants. All stem cell transplants require prior authorization. A transplant facility requesting prior authorization must have on file with the Department a report of its standards and experience indicating that the criteria in this item are met. The two types of stem cell transplants are:
 - Allogeneic stem cell transplants for the following:
 - 1) treatment of leukemia or aplastic anemia when

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- it is reasonable and necessary for the individual patient to receive this therapy;
- 2) treatment of severe combined immunodeficiency disease (SCID);
 - 3) treatment of Wiskott-Aldrich syndrome;
 - 4) treatment of stage III or stage IV Hodgkin's disease;
 - 5) sickle cell disease;
 - 6) multiple myeloma; and
 - 7) myelodysplastic syndromes.
- Autologous stem cell transplants for the following:
 - 1) acute leukemia in remission with a high probability of relapse and no HLA-matched donor;
 - 2) resistant non-Hodgkin's lymphomas or those presenting with poor prognostic features following an initial response;
 - 3) recurrent or refractory neuroblastoma;
 - 4) advanced Hodgkin's disease in patients who have failed conventional therapy and have no HLA-match donor;
 - 5) chronic myelogenous leukemia;
 - 6) multiple myeloma; and
 - 7) breast cancer.
 - Intestinal transplants using living or cadaveric donors that are performed in a Minnesota facility.
 - Liver-intestinal transplants using cadaveric donors that are performed in a Minnesota facility.
 - ~~Liver transplants, including~~ Liver transplants for persons with hepatocellular carcinoma (HCC) who meet the UNOS criteria of UNOS Policy 3.6.4.4 (June 25, 1998). ~~Transplants for persons with HCC are paid with Medicaid dollars.~~
 - Liver transplants for patients with end stage liver

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disease who also have have a diagnosis of Hepatitis B.

- Liver transplants using living donors for patients who are otherwise eligible under this section for liver transplants using cadaveric donors.
- Autologous islet cell transplant after a pancreatectomy.

Heart and liver transplants must be performed in a facility approved by Medicare to perform that procedure. A pediatric hospital that has met HCFA approval criteria for performing a heart or liver transplant on a child may also perform these transplants.

Cornea and kidney transplants must be performed in a facility that is participating as a provider of services in the Medicare Program, and which meets Department of Human Services standards of safety and efficacy.

Medical Assistance transplant coverage includes preoperative evaluation, recipient and donor surgery, follow-up care for the recipient and live donor, and harvesting and procurement of organs and tissues.

Notwithstanding the above limitations, for children under the age of 21, this attachment complies with §1905(r)(5) of the Social Security Act.

These restrictions on the facilities and practitioners which may provide organ and tissue transplants help to assure that the designated providers render high quality care for which access is assured through local agency health care access plans.

Authorization is required for the following transplants: stem cell, heart-lung, liver, intestinal, liver-intestinal, lung (cadaveric and live donor) and pancreas. Transplants performed in out-of-state facilities also require prior authorization. The authorization process is defined in Minnesota Rules, parts 9505.5000 to 9505.5105,

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which is contained in Supplement 3 to Attachments 3.1-A and B. This rule was promulgated to assure the appropriate and consistent disposition of authorization requests, thereby assuring that similarly situated individuals are treated alike.

For emergency Medical Assistance, noncitizens are not eligible for transplant coverage or care and services related to the organ transplantation procedure unless they are lawfully admitted for permanent residence or permanently residing in the United States under color of law.